SUBMIT: COMPLETED APPLICATION, TAX

Washburn, WI 54891 (715) 373-6138 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



SB 08254 Zoning Dept

Permit #: Refund: Date: Amount Paid: 0.01.50 14-6401

☐ Shoreland — ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶		Section 15 Township 47 N. Range 8		A	PROJECT Legal Description: (Use Tax Statement)	Eric Laugesen (or behalf of ATAT)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Heights Tower Service-Seth	Hart Lake Rd.	Address of Property: 67800	bessee	Owner's Name: Michael J. GCYMONO Trust	TYPE OF PERMIT REQUESTED-> X LAND USE SANI	Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.	INSTRUCTIONS: No permits will be issued until all fees are paid.	
e, Pond or Flowage If yescontinue The distance Structure is from Shoreline: The distance Structure is from Shoreline:	r, Stream (Incl. Intermittent) Distance Structure is from Shoreline:	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	W Town of:	1061-789	CSM Vol & Page Lot(s) No. Block(s) No.	04-0242 4 するS ISBO2 00010000 04-0242 4 するS ISBO2 00010000	(847)380-4971 Rosement, 16 60018	Agent Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber: N/A	Iron River, WI S4847		67890 W Doep Lake Kd, Frank, ver, WI	Mailing Address: City/State/Zip:	☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ S	Bayrield Co. Zoning Uspi.	at the second of	
ž.	P i		Lot Size		. Subdivision:	Volume 106	.	ty/State/Zip):			•	EN WH	14845	SPECIAL USE 🗆 B.O.A		Refund:	
	Is Property in Are Wetlands Floodplain Zone? Present?	26.5	Acreage	Annual and the second s		Document: (i.e. Property Ownership)	Attached X Yes No	Written Authorization	Plumber Phone: N/A		Cell Phone:	373-4063	Telephone: 7/5	O.A. DOTHER			

X Non-Shoreland						
Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
) yan cenai	☐ New Construction	☐ 1-Story	□ Seasonal	1	☐ Municipal/City	□ City
>		☐ 1-Story + Loft	🗷 Year Round	□ 2	□ (New) Sanitary Specify Type:	□ Well
30,000	☐ Conversion	☐ 2-Story	ard	□ 3	☐ Sanitary (Exists) Specify Type:	K
	☐ Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	10/19
	□ Run a Business on	No Basement		又 None	☐ Portable (w/service contract)	
	Property	□ Foundation			☐ Compost Toilet	.
		man.			X None	

Existing Structur	Existing Structure: (If permit being applied for is relevant to it)	r is relevant to it)	Length: IC		Width: 11'9' Height:	
Proposed Construction:	uction:		Length: W		Width: Weight:	

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue

Distance Structure is from Shoreline :

			Section Sectio		
Proposed Use	`	Proposed Structure		Dimensions	Square
i Lagurina mininare a an		Principal Structure (first structure on property)	(х)	
		Residence (i.e. cabin, hunting shack, etc.)	_	×)	
		with Loft	_	×	
Residential Use		with a Porch	(×)	
		with (2 nd) Porch	(×)	
		with a Deck	_	× }	
		with (2 nd) Deck		x)	
図 Commercial Use		with Attached Garage	_	×	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	^	×	
		Mobile Home (manufactured date)	_	×	
	X	Addition/Alteration (specify) Microwave dish and related equipment (10	1 (10)	GS"XYI.R")	1
Municipal Use		Accessory Building (specify)	-	×)	
The state of the s		Accessory Building Addition/Alteration (specify)	^	×	
Becalu					
		Special Use: (explain)	_	×	
2420		Conditional Use: (explain)	_	×)	
- 1 C+5ff		Other: (explain)	^	×)	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

FIVE) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Authorized Agent: Owner(s): (If there are Multiple (If you are signing on behalf of the owner(s) a letter of authorization must ac Owners listed on the Deed All Owners must sign or letter(s) of authorization must acco behalf 3 \Rightarrow application) Date

Address to send permit 10700 ٦ Higgins Rd. Ste. 240 Rosemont, 11 company this application) If you recently purchased the pr 81009

Date Attach
Copy of Tax Statement
Coperty send your Recorded Deed

							V 4					·					Power's	1					1	
Hold For Sanitary: Hold For	Town is existing	Date of Inspection: 10-22-14 Inst	W sether	arcel Legally Created Ilding Site Delineated	Granted by Variance (B.O.A.) ☐ Yes KNo Case #:	Is Parcel a Sub-Standard Lot U Yes (C Is Parcel in Common Ownership U Yes (I Is Structure Non-Conforming U Yes	Permit # 14-0401	Issuance Information (County Use Only) Permit Denied (Date):	(9) Stake of Main Flopuse NOTICE: All Land For The Construction Of N	Prior to the placement or construction of a structure more the one previously surveyed corner to the other previously surveyed marked by a licensed surveyor at the owner's expense.	SetDack to FITY (Fortable, Composing) Prior to the placement or construction of a structure within to other previously surveyed corner or marked by a licensed sur	Setback to Drain Field Setback to Drain Field	Setback from the East Lot Line	Setback from the South Lot Line Setback from the West Lot Line	Sotback from the North ot ine	Setback from the Centerline of Platted Road	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest point) $\beta(1)$			See attached	Show: Show any (*): Show any (*):	(1) Show Location of: (2) Show / Indicate: (3) Show Location of (*): (4) Show:	ox below: Draw or Sketch your P
For TBA: Hold For Affidavit: Hold For Fees:	Mo viciesso in tower heighth	Inspected by: IIII. Hulfall. ditions Attached? Yes No -(If No they need to be attached.)		Yes □ No Were Property Lines Represented by Owner Yes □ No Was Property Surveyed	Previously Granted by Variance (B.O.A.)	(Fused/Contiguous Lot(s))	Permit Date: 10-24-14	Only) Sanitary Number: # of bedrooms: Reason for Denial:	r from the Date of Issuance If ALL Municipalities Are Require or Federal agencies may a	ior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from the previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be arked by a licensed surveyor at the owner's expense. And the owner's expense and the owner's expense.	In ten [10] feet of the minimum required setback, the boundary line from which the setback must be me surveyor at the owner's expense.	Feet Setback to Well	Feet	Feet	77774 Feet	ad 700 ff Feet Setback from the Lake (ordinary high-water	Measurement * Description	point)All existing			CDs	(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding I and (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property	below: Draw or Sketch your Property (regardless of what you are applying for)
	Date of Approval:	Date of Re-Inspection:	Zoning District (T) Lakes Classification (MA)	d by Owner	Case ##	KNO Affidavit Required		santary Date:		is from which the setback must be measured must be visible from thin 500 feet of the proposed site of the structure, or must be the structure of the structure.	leasured must be visible from one previously surveyed corner to the	/ <i>V}</i> ree.		<u>S</u>	MO	y high-water mark) W Feet	n Measurement	Changes in plans must be approved by the Planning & Zoning Dept.				k (H1) and/or (*) Prwy (P)		•



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